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PTO/SB/06 (08-00) Approved for use through 10/31/2002. OMB 0651-0032 U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | | | | | Application or Docket Number 8404.003 | | | | | |
|--|---|---|------------------|------------|---------------------------------|------------------|------------------|--------------|--|------------------|--------------------|------------------------|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | OTHER T | | | |
| FOR | - | NUMBI | BER FILED NUMBER | | | EXTRA | EXTRA | | | | RATE | FEE | | |
| | SIC FEE CFR 1.16(a)) | | | | | | | | \$ <u>0</u> | OR | • | \$_0 | | |
| TOT | AL CLAIMS CFR 1.16(c)) | 11 | minu | ıs 20 = | * | x \$ 9 | | 0 | OR | x \$_18_ = | 0 | | | |
| INDI | EPENDENT CLA | IMS 2 | min | us 3 = | * | x 43 | _= | 0 | OR | x <u>86</u> = | 0 | | | |
| | | DENT CLAIM PRE | SENT (37 | CFR 1.16(c | 1)) | + 140 | _= | 0 | OR | + 280 = | 0 | | | |
| * If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL 0 OR TOTAL 0 | | | | | | | | | | 0 | | | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | LL E | NTITY | OR | OTHER T | | | |
| ENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NU PREV | HEST MBER IOUSLY D FOR | PRESENT EXTRA | RAT | Έ | ADDI- TIONAL FEE | OR OR OR | RATE | ADDI- TIONAL FEE | | |
| NO! | Total (37 CFR 1.16(c)) | * | Minus | ** 20 | ס | = 0 | x \$_9 | _= | 0 | | x \$ <u>18</u> = | 0 | | |
| AMENDMENT | Independent (37 CFR 1.16(b)) | * | Minus | *** 3 | | = 0 | x <u>43</u> | - #= | 0 | | x <u></u> | 0 | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3 | | | | | 7 CFR 1.16(d)) | + 140 | _= | 0 | OR | + 280 = | 0 | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | TOT ADDIT. F | | 0 | OR A | TOTAL DDIT. FEE | 0 | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NU PREV | HEST MBER IOUSLY D FOR | PRESENT EXTRA | RAT | Έ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| IDIN | Total (37 CFR 1.16(c)) | * | Minus | ** | ···· | = | x \$ <u>.</u> 9= | 0 | OR | x \$ <u>18</u> = | o | | | |
| MEN | Independent | * | Minus | *** | | = | x 43 | _= | 0 | OR OR | x <u>86</u> = | 0 | | |
| А | | ULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | + 140 | _= | 0 | OR | + 280 = | 0 | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | TO ADDIT. | TAL FEE | 0 | OR _A | TOTAL DDIT. FEE | 0 | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NU PREV | HEST MBER HOUSLY D FOR | PRESENT EXTRA | RA | ГE | FEE OR | | RATE | ADDI- TIONAL FEE | | |
| | Total (37 CFR 1.16(c)) | * | Minus | ** | _ | = | x \$ <u>9</u> | _= | | | x \$ <u>18</u> = | 0 | | |
| | Independent (37 CFR 1.16(b)) | * | Minus | *** | - | = | x 43 | _= | 0 | OR OR | x <u>86</u> = | 0 | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | + 14 |) = | 0 | OR | + 280 = | 0 | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | | |

SEND TO:

Mail Stop Patent Application

Commissioner For Patents, PO Box 1450 Alexandria, VA 22313-1450

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I | | | | | - | | | SMALL ENTITY | | | OTHER | OTHER THAN | |
|---|---|---|--------------------|------------------------------------|--------------|------------------|--------------|---------------------------------------|------------------------|--------------|--------------------|------------------------|--|
| TOTAL CLAUMS | | | (Column 1) | | (Colu | (Column 2) | | TYPE | | OR | R SMALL ENTIT | | |
| TOTAL CLAIMS | | | 12 | | | ; | | RATE | FEE |] | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | E | BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 | |
| TOTAL CHARGEABLE CLAIMS | | |) ~ minus 20= | | * | | | X\$ 9= | | OR | X\$18= | ł | |
| INI | DEPENDENT C | LAIMS | 3 minus 3 = | | * 0 | | | X43= | | OR | X86= | | |
| Μl | JLTIPLE DEPEI | NDENT CLAIM P | RESENT | | | | | +145= | | OR | +290= | | |
| * If | the difference | e in column 1 is | less than ze | ero, enter | "0" in c | olumn 2 | L | TOTAL | | OR | TOTAL | 770 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | OTHER | THAN | |
| | | | | | | (Column 3) | | SMALL | ENTITY | OR | SMALL | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | 01.4114 | = | | X43= | | OR | X86= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145= | | OR | +290= | | |
| | | | | | | | _ L _ | TOTAL | | ı | TOTAL | | |
| | | (Column 1) | | (Colum | nn 2\ | (Column 3) | AE | ODIT. FEE | |] O , | ADDIT. FEE | | |
| ~ | | CLAIMS | | · HIGHE | EST | | | · · · · · · · · · · · · · · · · · · · | ADDI- | | 1 | ADDI- | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID F | USLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FEE | |
| | Total | * | Minus | ** | | = . | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = | | X43= | | OR | X86= | | |
| | FIRST PRESE | NIATION OF MU | LTIPLE DEPENDENT (| | CLAIM | | | +145= | | | .000 | - | |
| | | | | | | · | | TOTAL | | OR | +290= TOTAL | | |
| | | | | | | | | DIT. FEE | | OR A | DDIT. FEE | | |
| | | (Column 1) CLAIMS | | (Colum | | (Column 3) | | | | | | ; | |
| AMENDMENT C | • | REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIOI PAID F | ER USLY | PRESENT EXTRA | ſ | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | , | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | | Minus | *** | | = | | X43= | | OR | X86= | | |
| | FIRST PRESE | NTATION OF MU | ILTIPLE DEP | ENDENT | CLAIM | | | | , | | | | |
| * If | * If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. | | | | | | | 145= | | OR | +290= | | |
| ** !! | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | TOTAL DIT. FEE | | OR A | TOTAL DDIT. FEE | | |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |